DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: JOSEPHINE HAUS (611005)

Address: 1450 WEST PHILLIP STREET, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 04/30/1997

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History					
Survey ID: 0097005 Results: NO STATEME	End Date: 02/16/2006 NT OF DEFICIENCY IS:	<i>J</i> 1	Purpose: OTHER		
Survey ID: 0095419 Results: NO STATEME	End Date: 08/15/2005	7 I	Purpose: SURVEY		
Survey ID: 0091584 Results: ENFORCEMEN	End Date: 09/24/2003	Type: STANDARD	Purpose: SURVEY/COM	PLAINT/SELF REPORT	
Statement of Deficiency: #10005268 Served 11/26/2003 Compliance					
	Deficiencies Cited 83.14(2) 83.21(4)(p)	Subject Area TRAINING DIETARY N PROMPT AND ADEQUA	EEDS & MENU PLANNING ATE TREATMENT	Verified 08/15/2005 08/15/2005	Corrected Yes Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 11/25/2003 SOD #10005268 Appealed: No

Sanctions

OTHER SANCTION FORFEITURE---83.14(2) FORFEITURE---83.21(4)(p)